

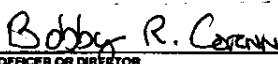


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2004 8:00 am
Secretary of State

02-23-2004 90060 001 ***150.00

DOCUMENT # P00000024709 1. Entity Name CORN INTERNATIONAL, INC.					
Principal Place of Business PO BOX 21 BALDWIN FL 32234			Mailing Address PO BOX 21 BALDWIN FL 32234		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-3632587				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEPRELL, SAMUEL L STE-201, ST-MARK'S PLACE 1930 SAN MARCO BLVD JACKSONVILLE FL 32207			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME CORN, BOBBY R SR STREET ADDRESS 445 ST. IVY CITY-STATE-ZIP MACLENNY FL 32063			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 14394 Bob Burnsed Rd. STREET ADDRESS Glen St. Mary, FL 32040 CITY-STATE-ZIP		
TITLE D <input type="checkbox"/> Delete NAME CORN, JAMES H SR STREET ADDRESS RT 1 BOX 1790 CITY-STATE-ZIP ST GEORGE GA 31646			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			SIGNATURE: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2-17-04 Daytime Phone # 904-259-7923		